/ Grade



MHD 3/14

Student's Name

## **Shunt Malfunction without History of Seizures Protocol**

/ School

If student has any of the following signs, please call parent or emergency contact.				
Signs of Sh	unt Malfunction			
❖ Irritab	ole			
Comp	Complains of Severe Headache			
Project	Projectile Vomiting			
Letha	rgy			
Call 8-911 right away if seizures occur in a child with no known seizure history, then notify parent.  Emergency Phone Numbers:				
Linergency	Filone Numbers	<u>-</u>		
Call First	Name	Phone		
Call Second <sub>.</sub>	Name	Phone		
Call Third				
	Name	Phone		
		Parent Signature	/	Date
		School Administrator	/	Date

316 Racine Street ● Menasha, Wisconsin 54952-2337 ● Phone (920) 967-3520 ● Fax (920) 967-5247 www.cityofmenasha-wi.gov

By signing this form, authorization is hereby granted to release this information to

appropriate school or bus personnel and classroom teachers as needed.